Student Professional Development Program 2016-2017 Academic Ye			nic Year		
1 —	s form for each discipline	to be placed at this agency:			
☐ Psychology					
Practicum					
☐Clerkship/Internship			Service Area		
☐Externship☐ Social Work					
	hild & Family)		
Specialization:_Clinical; Child & Family □Macro/Administrative					
⊠ MFT					
Occupational Therapy					
Other (specify):					
DMH Agency:	Edmund D. Edelman Westside Mental Health Center – Child				
DMH Agency Address:	11080 W. Olympic Blvd , 1 st floor				
·	Los Angeles, CA 90064				
Agency Liaison:	Patrice M. Grant, PhD				
New or Returning	☐ New 🗵	Returning			
Liaison Email Address:	Pgrant@dmh.lacounty.gov				
Liaison Phone Number:	(310) 966-6603				
Liaison Fax Number:	(310) 231-0760				
Agency ADA Accessible		No			
	If "No" Identify:				
Student Requirements:					
How many positions will you have	2?	1			
Beginning and ending dates:		August 2016- May 2017			
Specific days and times you prefer s			vailable for		
students to provide services): No P.	reference –program ope	rates 5 days per week			
Monday					
Tuesday					
Wednesday Thursday					
Friday					
Tittay					
Specific days and times mandatory th	hat students are available	e for staff meetings, training sem	iinars,		
supervision, etc. Please indicate SM		0 0	•		
Monday					
Tuesday		9:00am-12:00pm (SM, TR, SU	JP)		
Wednesday		9:00am - 11:00am (TR)			
Thursday		9:00am- 12:00pm (Consultation	on Mtg)		
Friday					
Total hours expected to be worked per week:		24			
How many clients would the student have at one time?		10			

Los Angeles County D	٧þ	or or initial litearing		
What cultural groups and language services are		Caucasian, Latino, African-American, Iranian,		
provided at your site?		Asian		
What is the timeline that you expect a student to		Academic School year		
commit to (e.g. a full year including holidays; academic				
year; semester)?				
Provide a short description of your site and services offe	red	:		
The Edelman Westside MHC provides individual, fa families on an out-patient basis. In addition, we pro services along with case management services.				
Students will provide services for (please check all that a	аррі	•		
☐ Individuals		Consultation/Liaison		
Groups	\boxtimes	Psycho-Educational Groups (e.g. Parenting)		
Families	<u> </u>	Community Outreach		
Children 0-5	닏	FSP		
Children & Adolescents	\perp	FCCS		
Adults	<u> </u>	Specialized Foster Care		
Older Adults	<u> </u>	AB109		
Court/Probation referred		Veterans		
Evidenced Based Practices/Promising Practices offered at your agency:				
Child-Parent Psychotherapy		Seeking Safety		
Crisis Oriented Recovery Services	\boxtimes	Trauma Focused Cognitive Behavioral Therapy		
☐ Dialectical Behavior Therapy	\boxtimes	Triple P – Positive Parenting Program		
☐ Families Overcoming Under Stress		Other (Specify)		
Managing and Adapting Practices		Other (Specify)		
Students will provide (please check all that apply):				
⊠ Brief Treatment	X	Screening and Assessment		
☐ Long – Term Treatment	X	Crisis Intervention		
Testing percentage: Treatment percentage:				
What are the most frequent diagnostic categories of your client population? ADHD, Oppositional Defiant Disorder, Depression, Anxiety, PTSD, Disruptive Disorder, Mood Disorders				
What specific training opportunities do students have at				
Student interns will have access to an array of trainings sponsored by DMH. In addition, we have monthly psychiatric consultation meetings with Dr. De Antonio (from UCLA-NPI)				

What theoretical orientations will students be exposed to at this site?

Cognitive-Behavioral Therapy; Family Systems; Group Therapy; Crisis Intervention; Brief Tx Models

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	unity to work in a multidisciplinary tenals who work as a part of your staff.	eam environment? If so, please list
	one psychiatrist, two psychologists; s	ix social workers (LCSW &ASW); one case
Does your agency have Peer Yes	Specialists or Service Extenders prov No 🗵	viding services?
List locations where student	s will be providing services other tha	nn agency?
School-Based Services at r	·	<u> </u>
Does your agency allow stu- cases in their academic class	dents to videotape and/or audiotape cl ses?	ients for the purpose of presenting
Yes 🔀	No 🗌	
Supervision: What types of supervision will discipline status of the supervision.	vill you provide for the students and wrvisor? Please specify.	what is the expected licensure and
Туре	Hours Per Week	Supervisor Degree/License
Individual	1.0	Patrice M. Grant, PhD /PSY15276
Group	1.0	Bonnie McRae, LCSW/LCS 14040 Melanie Harewood, LCSW/LCS17834
Individual & Group		
Do you have one or more st	aff, who is licensed by:	
☐ California Board of Psyc☐ California Board of Beh☐ California Board of Med	avioral Sciences	
Does your agency provide the	he student with the following minimum	m training experiences?
A. One hour of direct in	dividual or group experience with an	on-site licensed staff?
Yes 🖂	No 🗌	
B. Weekly staff meeting	gs	
Yes 🗌	No ⊠(staff meetings twice a mon	th)
C. In-service training expresentations and ca	speriences, e.g. reading, didactic train	ing seminars, professional

Yes 🖂 No 📋				
Students will be evaluated through (please check all that a				
Direct observation by clinical staff of student's	Review of audio or video recording of student's			
clinical work	sessions			
Report of clinical work in supervision	Review of student's written clinical notes			
Co-facilitation of groups/sessions with clinical staff	Other (specify):			
Selection of Students: After Director of SPDP approval, are all students free to ca	all you to set up interviews?			
Yes No No				
Do you require that the school's Director of Clinical Train your site will interview from our student body?	ing/Field Education select the candidate(s)			
Yes No				
Does your agency prefer the student to work from a particular	ular theoretical orientation?			
Yes No If yes, please specify: <u>Cognitive-Behavioral, Family Systems</u>				
Does your agency require a particular range of previous coursework? If so, please explain.				
Student Interns should have completed their first completed should include Clinical Interviewing, Clinical Diverse Populations), and have an understanding of the b	Assessment, Cultural Competency (Working with			
Agency Application Process Does your agency have any formal application process required of students beyond what is listed above? Yes No If yes, please specify				
Please specify dates your agency accepts students Sumr	mer Months			
Supervision will be in compliance with professional standa APPIC	ards established by the following: ecify):LPCC			
I confirm that my supervisor has approved participation in	the SPDP.			
Please acknowledge this by checking the following box				

DMH Staff completing this form: Name: <u>Patrice M. Grant, PhD</u> Title: <u>MHC Program Head</u> Supervisors: Name: <u>Jacquelyn Wilcoxen, LCSW</u> Title: MHC District Chief Date of Completion: 2/4/2016